

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
 CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

96 JUL 29 AM 11:54

DOCUMENT # **491657** (3)

1. Corporation Name
TOWERMARC REALTY, INC.



Principal Place of Business Mailing Address
1511 N WESTSHORE BLVD. TAMPA FL 33607 **1511 N WESTSHORE BLVD. TAMPA FL 33607**

3. Date Incorporated or Qualified **11/25/1975** 3a. Date of Last Report **02/14/1995**
 4. FEI Number **59-1632761** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **550 N. Red St** 26 **2100 Franklin St.**
 Suite, Apt #, etc Suite, Apt #, etc
 22 **#300** 27 **1840**
 City & State City & State
 23 **Tampa FL** 28 **Boston MA**
 Zip Country Zip Country
 24 **33609** 25 Country 29 **02110** 30 Country

9. Name and Address of Current Registered Agent
PEEK, SCOTT I JR
1511 N WESTSHORE BLVD, STE150
TAMPA FL 32607

10. Name and Address of New Registered Agent
 81 Name **INTRASTATE REGISTERED AGENT CORPORATION**
 82 Street **701 Brickell Avenue**
 83 **Miami, Florida**
 84 City **FL** State **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* Signature of the person who is changing the registered office or registered agent. (Print Name) Registered Agent signature required when first filing. Date

12. OFFICERS AND DIRECTORS

TITLE	DVST	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, MICHAEL E.	
STREET ADDRESS	8410 POPLAR AVENUE, SUITE 300	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WHITEHEAD III, W. CARY	
STREET ADDRESS	8410 POPLAR AVENUE, SUITE 300	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PEEK, SCOTT I.	
STREET ADDRESS	1511 N WESTSHORE #150	
CITY-ST-ZIP	TAMPA FL	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	VINTIADIS, POLYMOS C.	
STREET ADDRESS	2 PICKWICK PLAZA, 4TH FLOOR	
CITY-ST-ZIP	GREENWICH CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Sr. V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	D. Scott Ross.	
13 STREET ADDRESS	2100 Franklin St.	
14 CITY-ST-ZIP	Boston MA 02110	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 ****225.00 ****225.00

[Signature]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **7.16.96**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)